THE OFFICE OF THE PARLIAMENTARY COMMISSIONER FOR ADMINISTRATION (OMBUDSMAN)

First Floor, No: 14, R.A.De Mel Mawatha, Colombo 04. - Tele: 0112-588798, 0112-585896 Fax: 0112-501126

Complaint Made to the Parliamentary Commissioner for Administration

Ref	No:						
01.	Name of the Complainant (Mr./Mrs./Miss) :						
02.	Sex : Female Male Identity Card No						
03.	Present/Former Designation:						
04.	Address:						
	(a) Private:						
	(b) Official:						
	(c) District: Divisional Secretariat:						
05.	Telephone No:						
	(a) Private: Home:						
	(b) Official: Fax No :						
	(c) E-Mail Address:						
06.	Public Officer /Officers and Office/Offices against whom the complaint is made:						
	(1) (a) Name of the Department/Institution:						
	(b)Address:						
	(c) Names of the officers concerned:						
	(d) His/Her Designation:						
	(2) (a) Name of the Department / Institution:						
	(b) Address:						
	(c) Names of the officers concerned:						
	(d) His/Her Designation:						

07.	Briefly state the na	iefly state the nature of the complaint.					
				•••••			
				•••••			
08.							
	Briefly state the steps taken/ efforts made by you to resolve the problem.						
09.	Have you made any complaint on the same matter to Court, Institution, Organization or to any other						
	Officer?						
	(a) Court:						
	(b) Other Institution/Organization: (c) Officer:						
	(c) Officer						
10.	What is the relief you seek: (Please state precisely and clearly)						
	I declare that the facts stated above are true and correct.						
	Date:						
					Signature of complainant		
	For Official Use Only						
	Date of Receipt of	f Complaint		iai Use Oni <u>y</u>			
	Date of Commenc	-					
	Date of conclusion	n of Inquiry	:				
	D14:	D - f 1.			Defense In services / Africa In services		
	Result:	Refused: Allowed:			Before Inquiry / After Inquiry		
	Date on which the reports were forwarded to Public Petition Committee:						
	Other Details:						
	Administrative Of				Signature of Subject Officer		
	Date:				Date:		